

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042191

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10673

FILED OCT 31 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

19 Days

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Louis-Little Rock Hospital Inc.

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

5120 Labadie

Reside on Farm  
Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First Middle Last  
George Dewitt Williams

4. DATE OF DEATH Month Day Year  
October 25, 1963

## 5. SEX

Male

## 6. COLOR OR RACE

Colored

## 7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12/27/1905

## 9. AGE (last birthday)

57

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attendant-Car Dept.

## 10b. KIND OF BUSINESS OR INDUSTRY

Railroad

## 11. BIRTHPLACE (City and state or country)

Belmont, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Andrew Williams

## 13b. MOTHER'S MAIDEN NAME

Hattie ?

## 14. NAME OF HUSBAND OR WIFE

Viola L. Williams

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

## 16. SOCIAL SECURITY NO.

4936

## 17. INFORMANT

Viola Williams, 5120 Labadie Ave.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

Pulmonary embolism massive 465x

## INTERVAL BETWEEN ONSET AND DEATH

2 days

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from October 7, 1963 to October 24, 1963 and last saw him alive on October 24, 1963

Death occurred at 8:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Type or print)

## 22b. ADDRESS

(Type or print)

## 22c. DATE SIGNED

(Type or print)

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10/30/63

## 23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis, County, Mo.

## (State)

## 24. FUNERAL DIRECTOR

W. J. Baker & Son, 3201 N. Newstead

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

OCT 28 1963

## 26. REGISTRAR'S SIGNATURE

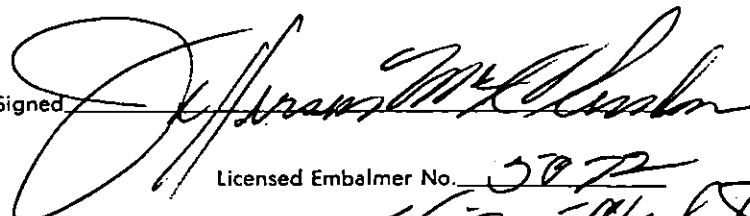
Paul Smith, M.D.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 5872

P. O. Address 4535 Wakefield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.